

CORRECTIVE ACTION PLAN

(Note: This document is to be completed by the candidate only)

Establishment Name:	Physical Address:
Candidate's Name:	Date:

Based on this day's inspection the following uncontrolled hazards known to contribute to foodborne illness were identified: (Uncontrolled hazards include the occurrence of any risk factor or lack of PUBLIC HEALTH INTERVENTIONS).

Chart 1: Risk Factors Identified/ Corrective Action Required

RISK FACTORS IDENTIFIED / CORRECTIVE ACTION REQUIRED			
UNCONTROLLED PROCESS STEP OR CCP	HAZARD (most common)	CRITICAL LIMITS	CORRECTIVE ACTION WHEN LIMITS ARE NOT MET
1.			
2.			
3.			
4.			
5.			

II. The following corrective action plan is recommended to establish active managerial control of the identified uncontrolled hazards. *(For unmet critical limits, the plan delineates what needs*

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to be controlled and how it will be controlled, along with necessary records and responsible personnel. It will also indicate what training is necessary.)

As the person in charge of the _____
located at _____, I have reviewed, and understand
the provisions of this voluntary Corrective action plan.

(person in charge)

(date)

(candidate)

(date)